This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>4-10-2010</u>	Address:	513 W. Cleveland	
Case #:	<u>24F31381</u>		Elkhart IN	
County:	<u>Elkhart</u>			
Type of Laboratory Seizure (check one) Sei		Seizure Location (check all that apply)		
Operati Chemic Dumpsi	cal/Glassware/Equipment (only)	Residence Outbuilding Vehicle	☐ Hotel/Motel ☐ Open – No Structure ☐ Other:	
Items Found: Location (bedroom, kitchen, open air, etc)				
(check all that apply) Lithium/Ammonia Reaction(s): closet				
Red Phosphorous/Iodine Reaction(s):				
Flammable Solvents: Closet, garage				
Water Reactive Metal (Lithium):				
Anhydrous Ammonia:				
Hydrochloric Acid Gas Generator(s): Closet, Bedroom				
Corrosive Acid: Closet, Bathroom				
Corrosive Base: Closet				
Other (item and location): Ammonium Sulfate, Garage				
Child under age 18 discovered (check one) Yes (number present) No *If yes, fax report to Child Protective Services		Ephedrine Retail/Me	Investigative Information ☐ Ephedrine/Pseudoephedrine Tracking Log ☐ Retail/Merchant Tip ☐ Other:	
This repor	t is to be faxed to the following agen	cies that serve the lo	ocation:	
Health Dep	extraction Service:	Fax: <u>574-522-1023</u> Fax: <u>Emailed</u> Fax:		
For further information regarding this methamphetamine laboratory, contact Investigating Officer: <u>Trp. Andrew Cochran</u> Phone <u>574-546-4900</u>				

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.